

**2001 CERTIFICATE OF COMPLIANCE
OF NON-PARTICIPATING MANUFACTURER UNDER THE
PENNSYLVANIA TOBACCO SETTLEMENT AGREEMENT ACT**

This completed form must be filed with the Office of Attorney General, Tobacco Enforcement Section, 15th Floor, Strawberry Square, Harrisburg, PA 17120. It must be postmarked no later than April 15, 2002.

Section 1: Company Information

1. Name: _____

2. Street Address: _____

3. City, State, Country, ZIP: _____

4. Telephone Number: _____ 5. Fax Number: _____

6. Electronic Mail Address: _____

Section 2. Sales Information for 2001 (January 01 – December 31, 2001)

7. Units Sold in Pennsylvania (List amounts by brand):

BRAND	UNITS SOLD
A.) _____	_____
B.) _____	_____
C.) _____	_____
D.) _____	_____
E.) _____	_____
TOTAL UNITS SOLD	_____

Section 3: Escrow Information

8. Name of Financial Institution: _____

9. Address of Financial Institution: _____

10. Telephone Number: _____ 11. Fax: _____

12. Contact Person: _____

13. Escrow Account Number _____

Sub-Acct Number (if applicable): _____

14. Amount Deposited: _____

(Use this rate, \$.0149306, to calculate the appropriate deposit amount per cigarette sold in Pennsylvania. See Instructions, TES-002)

15. Have you attached proof of deposit verifying the amount shown in 14?

_____ YES _____ NO

16. Have you enclosed a copy of your escrow agreement and all amendments, or supplied them previously?

_____ YES – Enclosed _____ YES – Supplied Previously _____ NO

Section 4: Certification

Under penalties of perjury, the undersigned authorized agent of the company states that the company named above is in compliance with the Pennsylvania Tobacco Settlement Agreement Act and that all information contained herein is true and accurate.

Signature, Authorized Agent

Date

Printed or Typed Name

Title